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A Systematic Review: Effects of Psychosocial Interventions on Outcomes in Refugee Adolescents Resettled in the US, Canada, and the UK

Lauren Herr
University of Akron, lgh7@zips.uakron.edu

Halle Kurtz
University of Akron, hmg39@zips.uakron.edu

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Lauren G. Herr and Halle M. Kurtz

The University of Akron

Abstract

Problem: The number of refugee and displaced people in the United States (US) increases annually. Because of trauma in countries of origin, they may have mental health problems and disrupted adjustments during resettlement, resulting in problems with refugee adolescents and their quality of life, self-esteem, self-efficacy, and overall well-being.

Purpose: To describe and appraise evidence about the effects of psychosocial interventions in refugee adolescents resettled in the US.

Methods: Studies from US, Canada, and the United Kingdom (UK) were identified in four databases. Inclusion criteria included: primary studies, children and/or adolescents, psychosocial health interventions, and refugees.

Review of the Literature: Regardless of displaced country, collective-based interventions positively affect mental health, self-esteem, self-efficacy, and quality of life in displaced children and adolescents.

Importance to nursing: Nurses care for individuals with impaired health conditions and they promote health and quality of life. Thus psychosocial interventions adapted to this specific population are imperative for nurses to provide effective care.

Refugees are people who have fled their countries of origin and cannot return due to persecution based on "religion, race, nationality, political opinion or membership in a particular social group" ("Refugee Admissions", 2014). With approximately 14.5 million refugees throughout the world, the United States (US) is a prominent country of resettlement ("Refugee Admissions", 2014). Many groups of refugees are displaced from their homes and countries annually because of political unrest and social upheaval. Examples include people from Nepal, Iran, Iraq, Rwanda, Afghanistan, Somalia, Pakistan, Sudan, Burma, Russia, Ukraine, and many more ("Refugee Admissions", 2014). Although the size of the adolescent refugee population was not identified, the US Department of State found that since 1975, approximately three million refugees originating from all over the world were displaced to the US ("Refugee Admissions", 2014). In 2012 alone, approximately 58,238 refugees settled in all 50 US states ("Fiscal Year 2012 Refugee Arrivals", 2013). By definition, the refugee experience is *traumatic* and "characterized by persecution, displacement, loss, grief, and forced separation from family, home, and belongings" (Olliff, 2008, p. 53). With approximately 14.5 million refugees in the world and a majority that are resettled in the US, societal costs have been effected due to a growing need for adequate health care and an increase in violence and crime within communities (Anastario, Larrance, & Lawry, 2007). Northeastern Ohio is one of the many areas home to recent refugee populations. During 2012, approximately 2,245 refugees were resettled throughout Ohio (Fiscal Year 2012 Refugee Arrivals, 2013). It is not uncommon to see resettled groups of people from Thailand, Burma, Nepal, Iraq, Afghanistan, and Bhutan within health care settings of the Akron and Cleveland areas ("Refugees Currently Coming to Akron", 2014).

Refugee adolescents displaced to the US experience many psychosocial disorders and conditions. These include psychological and mental disorders such as depression, anxiety, post-traumatic stress disorder (PTSD), difficulty with social integration, and inadequate education (Anastario, Larrance, & Lawry, 2007; Atia, Klinteberg, & Rydelius, 2008; Currie et. al., 2013; Flora, Rawana, & Nguyen, 2011). These further compromise vulnerable populations already struggling to adjust to displacement and consistent turmoil in their lives, and in turn adversely affect personal experiences and social outcomes.

Many of the psychosocial disorders and conditions among refugee adolescents are preventable and treatable. For example, researchers consistently find that school-, extracurricular-, and community-based interventions *decrease* psychosocial problems in displaced refugee adolescents and their families (Currie et. at., 2013; Daud, Klinteberg, & Rydelius, 2008; Davidson, Murray, & Schweitzer, 2010; Durà-Vila et. al., 2013; Ellis & Keating, 2007; Gordon, Taylor, & Sarkisian, 2010; Gould & Whitley, 2010; Guerrero & Tinkler, 2010; Klebic, Ware, and Weine, 2004; Theresa et. al., 2012b; Weine, 2011). The purpose of this systematic review is to identify, describe, and critically appraise the evidence about the effects of psychosocial interventions on psychosocial outcomes in refugee adolescents resettled in the US. The following PICOT question is answered: In displaced or refugee adolescents, how do psychosocial interventions, compared with no intervention, affect mental health, self-esteem, self-efficacy, and quality of life? Recommendations for practice and future research are advanced based on a critical appraisal of the evidence. This increased understanding is substantial and meaningful to nursing because nurses work to promote health and quality of life, which is vital to vulnerable populations such as refugees, and especially adolescents.

Methods

The databases used for this systematic review are CINHAL, psychINFO, EBSCOHOST, and PubMed. Inclusion criteria includes primary sources, children and/or adolescents samples, psychosocial or mental health interventions, refugee and or displaced people groups residing within the US or other first-world countries such as Canada and the UK. Exclusion criteria includes studies published before the year 2004. Key words used to search for studies included refugee, displaced, adolescent, self-esteem, psychosocial, US, and intervention. Studies were also found through manual review of cited references. Of the approximately 60 identified, 20 were retained for this review.

Integrated Review of Literature

Descriptive Studies of Prevalence

Researchers have studied the prevalence of psychosocial problems in refugees displaced to another country *and* internally within their countries of origin. The psychosocial hindrances that adolescent refugees face are undeniably seen throughout current research and reveal elevated occurrences of depression, anxiety, and PTSD among those resettled in the US, Canada, and the UK. This increased prevalence of depression in displaced groups is consistent with findings about internally displaced groups. For example, Anastario, Larrance, and Lawry (2007) studied health status among displaced groups from Louisiana and Mississippi because of Hurricane Katrina in 2005, when approximately 2.5 million people were internally displaced. The researchers studied a sample of 366 refugees and found that 50% met criteria for Major Depressive Disorder, which is more than seven times the US national rate. Betancourt et. al. (2012a) found that within a sample of 60 war-effected refugee children, clinical assessments revealed rates

of PTSD as high as 30.4%. Further assessment indicated that 26.8% of this sample group suffered from generalized anxiety. Researchers have also found elevating levels of violence (Anastario, Larrance, & Lawry, 2007; Weine, 2011), educational and occupational problems (Weine, 2011), problems with government (Gordon, Taylor, & Sarkisian, 2010), and increased needs for health care services among refugee adolescents.

Factors Associated with Psychosocial Problems

Much research has identified correlations between previous experiences provoking PTSD (Currie et. al., 2013; Daud, Klinteberg, & Rydelius, 2008), major depressive disorder, anxiety (Anastario, Larrance, & Lawry, 2007; Flora, Rawana, & Nguyen, 2011), suicide (Anastario, Larrance, & Lawry, 2007), psychiatric illness, dysfunctional behavior, and inadequate academic achievement (Atia, Klinteberg, & Rydelius, 2008). Based on their research of 73 Burundi and Liberian refugee adolescents studied over a two year period, Currie et. al. (2013) suggests a correlation between psychosocial health of refugees and their financial state, level of English proficiency, social support, engaged parenting, family cohesion, cultural adherence and guidance, educational support, and religious involvement. Through studying these African refugees, researchers identified themes of thriving, managing, and struggling following resettlement in the U.S. Within these patterns, it was observed that the refugees' country of origin provoked the way they managed to adapt to their relocation. This study along with other studies identified the effects that parents had on refugee adolescents' mental health and related problems after resettlement. These include parent's education, employment status, and treatment of their children (Cookston, Juang, & Syed, 2012; Currie et. al., 2013; Daud, Klinteberg, & Rydelius, 2008; Weine, 2008).

One meta-analysis study found that refugees who were older, more educated, female in gender, and who had a "higher pre-displaced socioeconomic status and rural residence" suffered worse outcomes with resettlement (Haslam & Porter, 2005). Other underlying factors found in adolescents who need intervention include language barriers (Flora, Nguyen, & Rawana, 2010), proper compliance with US State Department regulations (Gordon, Taylor, & Sarkisian, 2010), ethnicity, culture, social context (Weine, 2011), living conditions (Bentley, et. al., 2012), available financial resources, positive social support and networks, and duration of settlement (Durà-Vila et. al., 2013). In light of these associating factors affecting the psychosocial health of refugee adolescents, future research should determine what helps these refugees recover, adjust, and prosper and how families and communities can help (Currie et. al., 2013).

Qualitative Research

Since the qualitative studies utilized in this systematic review simply observe various aspects of a population's situation without discussing its trends or correlations (Davidson et al., 2010; Guerrero et al., 2010; Weine et al., 2011), they provide a unique description of studied interventions and approaches. In addition, these studies describe and document life experiences and depict the complexity of the refugee resettlement process. Davidson et. al. (2010) preformed a study that empirically evaluated therapeutic interventions and determined the best approach for future practices regarding refugees' resettlement.

Intervention Studies

Although many researchers find that current research lacks a focus on evidence-based interventions and tangible, working models for these suffering individuals (Currie

et. al., 2013; Klebic, Ware, and Weine, 2004; Theresa et. al., 2012b), there are studies that explain the effects of interventions for this population. There were three specific intervention studies appraised in this review of literature. One study performed with Iraqi refugees found that the implementation of psychoeducational workshops helped to facilitate resettlement agencies in a specific area. Furthermore, the intervention helped these agencies to refocus their perspective and target individuals, families, and organizational levels of displaced people groups, thus better promoting the well-being of the individuals they serve (Gordon, Taylor, & Sarkisian, 2010). Promoting education and improving a sense of belonging within the school setting was found to lower depression and higher self-efficacy regardless of their past trauma or exposure (Ellis & Kia-Keating, 2007). Improving refugee outlook is another important factor especially for adolescents dealing with negative self-esteem and self-efficacy outcomes. Evidence-based interventions targeting this improvement were seen through the second interventional study, which focused on community-based mental health services for refugee adolescents in London, England (Durà-Vila et. al., 2013). The third intervention study established athletic associations giving specific attention to refugee adolescents. The effectiveness of this study was based on organizing and implementing operative and exciting activities, having appropriate leadership, applying discipline when necessary, and creating an environment that is caring and promotes relationship building. This non-profit organization benefited suffering adolescents by increasing their self-esteem, academic achievement, social inclusion, and feelings of empowerment (Gould & Whitley, 2010).

In terms of descriptive studies, researchers consistently found high levels of PTSD, depression and anxiety among adolescent refugees. Furthermore, there are a

variety of associating factors that contribute to the psychosocial health of these refugees. Psychosocial interventions positively affected mental health, self-esteem, self-efficacy, and quality of life in adolescent refugees. Consistent across studies, employing collective-based interventions such as services within schools, families, and communities, have been the most effective. Longitudinal studies of at least a year were shown to be effective in adolescent refugees, regardless of countries of origin (Flora, Nguyen, & Rawana, 2011; Gould & Whitley, 2010; Guerrero & Tinkler, 2010; Klebic, Ware, & Weine, 2004; Theresa et. al., 2012a). Researchers consistently concluded that adolescent refugees are high-functioning individuals, but in need of further coping and protective factors (Crowley, 2009). Ways to address these problems are needed in light of the increasing arrival of more refugees (Crowley, 2009; Theresa et. al., 2012a).

Critical Appraisal

Types of Designs and Levels of Evidence

The twenty articles being utilized in this review of literature can be separated into two main categories based on the type of design researchers applied. These two categories are descriptive studies and intervention studies. The descriptive studies were inductive and exploratory in nature, focusing largely on the prevalence of psychosocial distress among refugees and the various factors associated with the presence or lack of this distress. Seventeen of the 20 studies fit into this general descriptive category. Of those seventeen descriptive studies, six can be further categorized as being studies of prevalence (Anastario et al., 2007; Bentley et al., 2012; Betancourt et al., 2012a; Betancourt et al., 2012b; Crowley, 2009; Haslam et al., 2005). That is to say they focus on collecting and/or describing qualitative data from a population to determine the

pervasiveness of the variable(s) being studied. In addition, another eight of the descriptive studies were categorized as studies of associating factors (Cookston et al., 2012; Currie et al., 2013; Daud et al., 2008; Ellis et al., 2007; Flora et al., 2011; Husain et al., 2010; Klebic et al., 2004; Weine et al., 2008). These studies described factors that were often linked with the occurrence or lack of psychosocial distress among adolescent refugees. The remaining three descriptive studies fit into a qualitative category, since they simply observe various aspects of a population's situation without discussing trends or correlations (Davidson et al., 2010; Guerrero et al., 2010; Weine et al., 2011). In contrast to the descriptive studies, the intervention studies examined the effects of interventions on psychosocial health outcomes in groups of adolescent refugees. Three of the 20 studies can be categorized as intervention studies (Durà-Vilà et al., 2013; Gordon et al., 2010; Gould et al., 2010). These studies describe and analyze interventions that were implemented in an attempt to bring about a positive change in the population studied.

The descriptive studies that can be categorized as studies of prevalence focused primarily on the describing the extent of compromised psychosocial health among adolescent refugees. One such study performed by Betancourt et al. (2012a) investigated a group of 60 war-affected refugee adolescents to determine the prevalence of behavior problems, mood and anxiety disorders, PTSD, and a range of other adjustment difficulties. Comparatively, various descriptive studies focused on associated factors contributing to the adolescents' state of mental health. For example, Currie et al. (2013) considered the effects of finances, English proficiency, social support networks, parenting techniques, family cohesion, cultural adherence, educational support, and religious involvement on the mental health of 73 African refugees resettled in the US.

The last sub-group of descriptive studies is qualitative, a category encompassing studies which make observations about the population at hand, without making claims about associations or prevalence. A study performed by Guerrero and Tinkler (2010) that is qualitative in design, described the experiences and struggles of displaced youth based on data collected from three informal education programs in which youth were encouraged to document their lives through photographs and narratives. The final research design utilized was intervention studies, in which researchers developed and implemented plans to redirect or remedy the negative psychosocial behaviors displayed by refugees. For instance, Gould and Whitley (2010) developed a sports program for African adolescents residing in Michigan that involved counseling time, physical activity, and mentorship. Later on, the effects of these interventions on the refugees' psychosocial and developmental growth were analyzed. Regardless of the studies' design, each contributed a unique perspective on the experiences of the refugee adolescent population, especially in regards to psychosocial health.

The studies can be further classified by level of evidence generated from the type of research implemented. These levels of evidence stem from a pyramid-like framework that organizes information based on its contribution and importance to evidence-based healthcare. Although level of evidence is important with the higher levels having more practice implications, study validity and reliability also affect practice implications. That is if a study is a randomized control trial (RCT), it generated a higher level of evidence, but if the study was poorly done, that decreases the validity of the findings and practice implications. Research studies make up the lowest tier of the pyramid, which contains levels of evidence V-XI. Thus, each of the 20 studies examined fit into one of these

levels. Of the 18 previously categorized descriptive studies, 10 of them are qualitative, prevalence, or correlational studies, making their designs non-experimental, level VIII on the pyramid of evidence. Seven of them are systematic reviews, placing their level of evidence at IX. The three intervention studies can be classified as quasi-experimental in design, level VII on the pyramid of evidence.

Internal Validity

To assess the internal validity of the studies, their overarching limitations must first be discussed. A number of general limitations arose across the studies, some of which could have significantly skewed the outcomes. The first of these limitations is related to the researchers' methods of data collection. Psychosocial health and variables such as self-esteem, quality of life, and self-efficacy are difficult to objectively measure. Although checklists and tools were used to measure such variables, their level of validity remains uncertain. For instance, in a longitudinal, descriptive study by Currie et al. (2013) the primary methods of data collection were "shadowing observations" of the individuals and a series of informal and open-ended interviews that ultimately allowed the refugees to guide the trajectory of the conversation. These interviews certainly generated useful data, but the validity of this data remains in question given the subjective method of data collection. In the study performed by Currie et al. (2013), it was explicitly mentioned that when collecting data the researchers "did not rely upon a validated measure to determine thriving, managing, and struggling status" (p. 12). Furthermore, Gould et al. (2010) evaluated the effects of sports interventions on the psychosocial health of refugee adolescents, but admitted that, in terms of measuring outcomes, future "studies employing more rigorous scientific designs are necessary" (p.

122). Although qualitative data collection is always going to be subjective on some level, using valid and reliable tools to increase objectivity is of upmost importance.

A second limitation related to the internal validity of the studies is language barriers. Because the population being studied was generally limited in their ability to speak and understand English, language barriers must also be taken into account when assessing outcomes and reliability of data collection tools. In the study performed by Daud et al. (2008), three of the test instruments used to assess for levels of PTSD and self-esteem were not translated into Arabic, the refugees' native language, nor were they adjusted for use with adolescents from the Middle East. This could very well have a negative effect on the validity of the researchers' findings, allowing for misrepresentation of the subjects' thoughts and feelings.

Another limitation among the studies has to do with attrition. A number of the studies were longitudinal in style, meaning that data was repeatedly collected from the same participants over a span of time. Unfortunately, as is common with longitudinal studies, many participants dropped out mid-study, leaving the researchers with incomplete results (Anastario et al., 2007; Cookston et al., 2012; Currie et al., 2013; Durà-Vilà et al., 2013; Flora et al., 2011; Guerrero et al., 2010; Klebic et al., 2004; Weine et al., 2011). One such study was performed by Durà-Vilà et al. (2013), in which a community-based mental health service was created for refugee adolescents that would provide them with psychological therapy over a six year period. However, the refugees were described as being "highly mobile" and ultimately, one-third were lost to follow up.

This brings to light yet another limitation common with longitudinal studies: the maturation of subjects. Because longitudinal studies examine changes among populations

over time, the maturation of that population must be taken into account. This issue is specific to intervention studies since it can be difficult to determine whether or not a change in the studied population is a result of the implemented intervention, or the natural maturation that occurs with time. That being said, maturation is a very relevant limitation for the three intervention studies examined in this review of literature (Gordon et al., 2010; Gould et al., 2010; Durà-Vilà et al., 2013). The interventions implemented in these specific studies range from eight weeks to six years in duration, making the risk for maturation very real.

The time period between a study's pre and post-test can also have an effect on the validity and reliability of the outcomes. For instance, a post-test performed within close proximity to the pre-test could allow subjects to remember their original answers, thereby skewing the post-test results. However, it is difficult to determine exactly how long is long enough when choosing the time span between pre and post-tests. Several of the 20 studies performed pre and post-tests in which the timing between testing could have affected the outcomes (Currie et al., 2013; Flora et al., 2011; Guerrero et al., 2010). Although the measure of this is very subjective, the possibility for subsequent skewed outcomes should at least be taken into account.

Finally, a significant limitation among almost all of the 20 studies is the lack of control groups, making it difficult to analyze the validity of these studies. The only study that contained an actual control group was performed by Daud et al. (2008). In this study, PTSD symptoms of 40 refugee adolescents whose parents had been traumatized were compared with a control group of 40 refugee adolescents whose parents had not been traumatized. Without a control group as a baseline, it is hard to accurately identify

change. However, given the specificity of the population that the researchers were studying, it would have been very challenging to create control groups.

External Validity

The external validity – the degree to which the results of the studies can be generalized to other subjects, settings, and times – must also be discussed. In order to determine the levels of transferability among the 20 studies, the adequacy of their sampling methods must first be analyzed. Because of the specificity of the population being studied, sample sizes across the studies were generally quite small. One study had a sample with as few as 16 subjects (Betancourt et al., 2012). It is hardly feasible to project the characteristics of such a small sample size onto the adolescent refugee population as a whole. Furthermore, the samples were often composed of refugees from one specific country of origin. The difference in cultural upbringing, as well as varying traumatic pasts and sociopolitical context among the refugees could greatly skew their psychosocial health, making a group of refugees from Chechnya present with completely different symptoms than a group from Myanmar. Unequal representation of gender also became an issue, as evidenced by the study performed by Gould and Whitley (2010), in which their interventional sports program attracted exponentially more male participants than female. Although these studies provided unique insight into the psychosocial experiences of particular refugee groups, it is questionable as to whether or not the data collected could be universally applied to refugee adolescents.

Additionally, in terms of inclusion and exclusion criteria, a number of studies required participants to be fluent in English, or another language native to the country in which they were relocated. This requirement was established due to the fact that many of

the data collection tools were only available in specific languages. Flora, Nguyen, and Rawana (2011) used scales to measure the levels of depression in refugee adolescents resettled in Canada. However, due to the translation limitations of their data collection tools, they required all participants to be minimally fluent in English or French. Once again, this limitation could have very well resulted in a skewed representation of the population as a whole.

Reliability of Findings

The reliability, or consistency and stability of research findings must also be considered when analyzing the outcomes of all 20 studies. Despite the differences in samples, countries of origin, and methods or tools used for data collection, researchers consistently found undeniably elevated occurrences of depression, anxiety, and PTSD in refugee adolescents resettled in the US, Canada, and the UK. Other symptoms consistently revealed were somatization, behavioral disorders, and academic problems. While each of the 20 studies presented supporting evidence for the prevalence of psychosocial distress among refugee adolescents, several studies brought to light specific characteristics unique to their sample population. For example, one study which examined the psychosocial health of 60 war-affected refugee adolescents found that levels of criminal activity, alcohol/drug use, and self-harm were surprisingly low, a characteristic that may be distinctive of this particular population (Betancourt et al., 2012a). This specific study stands out due to the fact that its findings were somewhat inconsistent with the expected pattern of psychosocial distress among refugee adolescents. Regardless of the populations' baseline psychosocial health, the outcomes of the intervention studies were consistently positive. Even with varying types of

interventions, the refugees repeatedly showed marked psychosocial improvement (Gordon et al., 2010; Gould et al., 2010; Durà-Vilà et al., 2013).

Applicability of Findings to Practice

Because of the reliability and consistency of findings overall, it is relatively safe to say that these findings can be applied to the general adolescent refugee population residing in the US, Canada, or the UK. Furthermore, all 20 of the studies reviewed took place in one of the three aforementioned first-world countries, making the applicability of their findings relevant to future refugee populations in these regions. Moreover, the studies were all performed between 2004 and 2013, with the findings remaining consistent throughout this timespan. Therefore, the findings are expectedly applicable now and in the future, unless factors such as significant social, environmental, or political changes occur in the host countries.

One significant change that can affect the applicability of findings is related to health system arrangements. With the recent implementation of the Affordable Health Care Act in the US, resulting in notable changes in healthcare availability and policy, refugees likely have significantly different resources now than when the 20 studies were performed. In addition, several insights can be drawn from the findings, especially in regard to future implementation. For instance, the studies consistently revealed the refugees' need for the types of resources and services that are characteristic of larger, urban settings. These include necessities such as affordable housing, education, accessible medical and psychological treatment, as well as community support. Thus, future application of psychosocial interventions for refugees will be most effective when implemented in urban settings.

Synthesis of Evidence

Therefore, based on the scientific evidence gained from adequately designed studies, psychosocial interventions inarguably improve the mental health and quality of life for refugee adolescents. These studies clearly outline the consistency of mental, social, and emotional shortcomings among displaced adolescents over time. Research also shows a marked decrease in these shortcomings as a result of deliberate interventions. Although various limitations exist among past studies, it does not negate the importance of the research as a whole, nor does it discredit the medical need of this population and the positive outcomes resulting from psychosocial interventions.

Recommendations

Practice Recommendations

In regards to future clinical practice, this systematic review has provided evidence for advancing interventions that could be implemented to improve the lives of adolescent refugees. Since researchers have consistently found that psychosocial interventions result in positive outcomes in displaced adolescents, healthcare providers and resettlement agencies must advocate for an increase in effective programming that would include these interventions. Accessible, community-based organizations specific to refugee populations, such as athletic (Gould & Whitley, 2010) and after-school programs should be increased in areas of high refugee populations. Because language barriers can present problems with interventions, "foreign-language-friendly" and culturally aware professionals should be utilized, as well as peer support groups. In addition, these programs should incorporate consistent one-on-one mentoring, as well as group activities, all of which have been found to promote increased quality of life, self-esteem, self-

efficacy, and overall well-being. The effects of any interventions should be monitored over time to ensure their success.

Nurses and health care providers working in schools with refugee students should incorporate mental health counselors and professionals who can build rapport in the students and adequately focus on improving student psychosocial health and support. Although adolescents are the focus of these interventions, researchers have consistently found that families play a significant role in psychosocial outcomes in refugee adolescents. Therefore, nurses and health care providers should provide family teaching about assimilation, coping, and available resources. Providing life coaches or case workers for each new refugee family may also improve outcomes of refugee adolescents, as well as the family unit as a whole.

Research Recommendations

Based on evidence from the systematic review, recommendations for advancing research studies in healthcare can certainly be made. One of the largest priorities is developing a more measureable and consistent model to help the reliability of subjective data collection. Consistently and accurately measuring psychosocial changes in areas such as self-esteem, self-efficacy, and quality of life is difficult due to the overwhelming subjectivity of the data. In the past, researchers have utilized their own methods and standards for data collection, which does not disrepute their findings, but decreases credibility. The implementation of a standardized model for data collection of this nature would create a benchmark or baseline that future researchers could follow, thus making their findings more reliable.

To address the limitation of sample sizes across future studies, researchers should conduct power analyses and overall increase recruitment efforts. These efforts could include working with gatekeepers and agencies among the refugee population to access potential subjects. Another barrier of past studies has been the high levels of attrition among the refugee adolescent population, which must be addressed by future researchers. Strategies for reducing attrition may include increasing systematic and frequent contacts with subjects, building social cohesion within intervention groups, and offering incentive. Furthermore, researchers should vigilantly track subjects throughout studies to identify and explore potential variables associated with attrition and eliminate them. Future researchers should also strive to use control groups, allowing psychosocial progress to be clearly noted.

In addition, researchers should incorporate methods which address language barriers. If any kind of verbal or written data are collected from the refugees, there must be no room for translation errors on either side of the spectrum. The most practical strategy to overcoming language barriers is the utilization of reliable translators during data collection.

Conclusion

Based on this systematic review of studies on the psychosocial interventions of the self-efficacy, self-esteem, and quality of life of refugee adolescents, research has revealed the great need for assistance as these refugee families resettle and adapt to life in a new country. Consistently over time and region, the positive outcomes associated with psychosocial interventions among displaced adolescents are clear. Further research is imperative to improving the mental, social, and emotional health of this population. This

research is vital, not only for the well-being of this struggling people group, but also for the effects of their assimilation on the resettlement country itself. With thousands of refugees being displaced each year, it is crucial that healthcare providers and community agencies are aware of the vulnerability of this population to psychosocial distress, and are active in the resettlement process, striving to improve their assimilation through strategically implemented interventions.

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Husain, A., Ross-Sheriff, F., & Tirmazi, M. (2010). Guest editors' introduction: Mental health of Muslim refugees and forced migrants: Practice, theory, and research. *Journal Of Muslim Mental Health*, *5*(1), 3-7. doi:10.1080/15564901003643231

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Appendix A
Systematic Review Literature Summary Table

Author(s) (year). Article Title. *Categories	Background of Clinical Problem	**Purpose statement & PICOT. Study Design.	***Clinical Practice Setting and Sample.	Evidence-based Findings	Practice & Research Implications	****Limitations
1 Currie, Dahnweih, Hakizimana, Levin, Tugenberg, Wagner, Ware, Weine (2013). Thriving, Managing, and Struggling: A Mixed Methods Study of Adolescent African Refugees' Psychosocial Adjustment. (P) (MM) (LOC: 4)	>>Background of Problem: There is much known due to "several longitudinal studies" and other research about "how war leads to PTSD in refugee children and adolescents" comparably to the research done of how "some girls and boys manage to survive, adjust, and prosper in U.S. resettlement." "There are no known large-scale epidemiological or prospective studies of refugee adolescents concerning psychosocial adjustment." So… How can you systematically characterize psychosocial adjustment not based on PTSD/psychopathology and what helps them recover/adjust/prosper and how do families/communities	>>Purpose: "To characterize the patterns of Psychosocial adjustment among adolescent African refugees in U.S. resettlement." >>Study Design: Mixed Methods/Longitudinal Study (2yr, multi-site, ethnographic) Qualitative and Quantitative >>Research Variables: >>Research Questions: -What are the different patterns of psychosocial adjustment of adolescent African refugee adolescents in U.S. resettlement? -What family and community factors are associated with different patterns of psychosocial adjustment? -What family and	>>Studied/Sample: 73 purposively sampled at risk adolescent Burundian and Liberian refugees (resettled in Boston and Chicago) and also their families and service providers >>How: First interview 3 yrs. following resettlement, followed with 6 minimally constructed interviews, 4 hrs. of shadowing individuals per quarter, and focused field observations with each family in homes, communities, and service organizations (4 interviews with family and 2 with community-based providers) (interview began with intro questions	>>Successfully created categories then further refined definitions of the 3 main groups: Thriving, Managing, Struggling (Qualitative Data) Univariate analyses then indicated significant associations with country of origin, parental education, and parental employment. Multiple regressions indicated that better psychosocial adjustment was associated with Liberians and living with both parents. Logistic regressions showed that thriving was associated with Liberians and higher parental education, managing with more parental education, and struggling with Burundians and	>>"This is beneficial for programs and policies because not all refugee youth suffer from PTSD or other psychiatric diagnosis, and because our present psychiatric diagnostic system does not incorporate risk and protective factors and thus does not lend itself to preventive approaches (Pg. 11)." >>"The study findings have implications for theory building with respect to protective resources" The eight protective resources: 1) Finances for necessities; 2) English proficiency; 3) Social support networks; 4) Engaged parenting; 5) Family cohesion; 6) Cultural	1) "The overall sample size was small, as was the size of the thriving, managing, and struggling subgroups" 2) "This study did not rely upon a validated measure to determine thriving, managing, and struggling status" 3) "it did not assess for psychiatric symptoms or disorders" 4) "It did not attempt to quantify the trajectories of youth over all time points over two years" 5) "Given differences in language and culture, misunderstandings are possible" 6) "The sample was not representative of all Liberian and Burundian refugees" 7) "It is possible that

	help	community protective resources are represented by these factors? -How might policies, programs, and research better address the family and community protective resources that impact refugee adolescents' psychosocial adjustment?	and proceeded in whatever direction) >>Tools/Framework: Applied eco-developmental theory, trauma/migration theories, and resilience theory	living parents. Qualitative analysis identified how these factors were proxy indicators for protective resources in families and communities. >>"This approach offers a non-psychopathological way to differentiate between different patterns of adjustment and development among refugee youth (Pg.11)."	adherence and guidance; 7) Educational support; and, 8) Faith and religious involvement >>Identified answers to research questions	other youth or parents could be deceptive about the relationship status of the parents which could potentially confound some of the analyses"
2 Gould, D. & Whitley, M. A. (2010). Psychosocial Development in Refugee Children and Youth through the Personal-Social Responsibility Model. *Journal Of Sport Psychology In Action, 1*(3), 118-138. (P) (QUAL) (LOC: 3)	>>Background of Problem: Because of the transition and integration into the U.S. from their host country, refugee youth suffer from psychosocial issues to developmental concerns to physical well-being, and may need guidance and support. "During this period of transition and integration, the universal language of sport shines through for many young refugees." "Young refugees also benefit from positive social and	>>Purpose: "Due to the potential benefits of sport in the lives of refugee children and youth, we became interested in organizing, implementing, and evaluating a sport program for this population that was grounded in the fields of positive youth development and applied sport psychology." >>Study Design: Descriptive Population: RSC	>>Studied/Sample: RSC participants (children ages 8-19 all refugees from African-countries of origin residing in U.S. from a few weeks to over 3 years) >>How: Through a local non-profit organization in downtown Lansing, Michigan that implement treatment through counseling time, awareness talk, physical activity, group meeting, and	>>Creating a caring environment: the impact of mentors consistently in children's lives that "cultivate a caring environment…and care for each participant as a *person* not just an *athlete*" is vital for positive impact and growth >>The importance of empowering young refugees >>A variety of effective planning and assessment aspects to	>> Outreach programs (such as RSC) have proved effective specifically for undeserved children and youth >> Advantages found for participants *and* mentors to "facilitate social justice" and helping positive growth and development through sport psychology put into practice	(1) They acknowledge, "studies employing more scientifically rigorous designs are necessary" and "suggest a need for future research". (2) Developmental differences within age group (3) Diverse languages as a barrier to vital communication (4) Time limit with children (once a week for an hour over 8-10 weeks) (5) Gender (majority

	psychological effects from sport participation, including increased self-esteem, academic achievement, and social inclusion."	participants Independent: physical, psychological, and socio-emotional development (through the refugee sport club) >>Research Questions: what?	reflection time (once a week for an hour over 8-10 weeks) >>Tools/Framework: PSR (Personal-Social Responsibility Model) which "connects personal and social responsibility with specific values"	implement in programs/clubs		have been male, should be further extended for female participation/welcoming)
3 Weine, S. (2011). Developing preventive mental health interventions for refugee families in resettlement. *Family Process*, *50*(3), 410-430. doi:10.1111/j.1545-5300.2011.01366.x (S) (MM) (LOC: 1) ???	>>Background of Problem: "Preventive mental health interventions that aim to stop, lessen, or delay possible negative individual mental health and behavioral sequelae through improving family and community protective resources in resettled refugee families are needed." >>Basic Article Info (purpose developed through FOUR SECTIONS: (1) KEY INTERVENTION CHARACTERISTICS OF PREVENTIVE INTERVENTIONS IN REFUGEE RESETTLEMENT, (3) USING INNOVATIVE MENTAL HEALTH	>>Purpose: "to develop, implement, and evaluate psychosocial interventions that are feasible, acceptable, and effective with respect to the complex real-life contexts where migrants and refugees live." >>Study Design: Is this a review of the literature? >Research Variables: specific interventions, preventive intervention development, and several populations resettled in the U.S. >>Research Questions: "(1) What are the key	>>Studied/Sample: Several populations in U.S. resettlement including those from Bosnia-Herzegovina, Kosovo, Liberia, Burundi, and Somalia, as well as populations in Bosnia-Herzegovina, Kosovo, Tajikistan, and Russia >>How: Conducted interventions and intervention-focused studies and reviewed of previous, related literature ("Therefore, to address the challenges to preventive intervention development for	>> "We have found that ethnicity, culture, and social context play important roles in interventions and must be attended to in the intervention developmental process." >> "Eight key intervention characteristics were identified through the developmental and intervention studies in our prior research.": Feasibility, Acceptability, Prosaicness, Culturally Tailored, Multilevel, Time Focused, Effectiveness, and Adaptability	>> "Preventive mental health interventions that aim to stop, lessen, or delay possible negative individual mental health and behavioral sequelae through improving family and community protective resources in resettled refugee families are needed. The required efforts would be substantial, but then so would the pay-offs. Prevention efforts would be likely to contribute to the productivity of refugee families and diminished expenditures for addressing health, mental health,	>>Limitations discussed within article concerned further problems in execution of effective preventions (not limitations of article specifically) >>Their research was conducted over a 20 yr. period, but not much detail was given about this time frame, and it wasn't clearly about their specific ways of conducting this research. >> "A preventive intervention development cycle for refugee families is proposed based on a program of research on refugees and migrants using

	SERVICES RESEARCH STRATEGIES TO DEVELOP PREVENTIVE INTERVENTIONS FOR FAMILIES IN REFUGEE RESETTLEMENT, (4) PREVENTIVE INTERVENTION DEVELOPMENT CYCLE WITH REFUGEE FAMILIES (5) COMPREHENSIVE DYNAMIC TRIAL, ADVANCING PREVENTION FOR REFUGEE FAMILIES)… answers research questions	characteristics of preventive interventions that should be addressed in order to better meet the needs of refugee families? (2) How might these key characteristics be addressed in the complex environments of refugee resettlement through innovative mental health services research strategies? (3) What is a possible preventive intervention develop- mental cycle using these services research strategies? (4) What other broader changes are needed to make progress in mental disorder prevention for refugee families?"	refugee families it would help to draw upon mental health services research ap- proaches that have focused less on efficacy and more on effectiveness.") >>Tools/Framework : looking at services research for interventions as well as their own previous research		educational, occupational, and criminal problems that arise when basic psychosocial needs are not addressed.	these services research strategies." Something wrong with this?
4 Crowley, C. (2009). The mental health needs of refugee children: a review of literature and implications for nurse	>>Background of Problem: "It is the reality of today's world that internal political struggle, acts of terrorism, civil war, and political regimes that support the practice of	>>Purpose: "To review the current literature regarding the mental health needs of refugee children resettled in the United States and provide recommendations	>>Studied/Sample: Refugee children resettled in the United States >>How/Tools/ Framework: extensive review of journal articles published from	>>"Review of the current literature suggests that while some refugee children will suffer poor mental health outcomes, such as post- traumatic stress disorder,	>>"Because many refugee children will experience adverse psychosocial outcomes during the resettlement period, it is essential that the mental health screenings be	(1) "First, the accurate assessment of mental health outcomes in the refugee child population is difficult because of the large number of evaluation tools and

practitioners. *Journal Of The American Academy Of Nurse Practitioners*, *21*(6), 322-331. doi:10.1111/j.1745-7599.2009.00413.x (S) (QUAL) (LOC: 1)	ethnic cleansing and genocide are destroying many nations. The result of violent and unstable situations is mass-forced migrations of men, women, and children from their homelands." Because of the extensive number of refugees within the United States (a majority of which are children), it's "likely that nurse practitioners will be called upon to provide care for refugee children" specifically.	for clinicians working with refugee children and their families." >>Study Design: Systematic Review >>Research Variables: The mental health needs of refugee children resettled in the U.S., specific interventions >>Research Questions: what?	research conducted in first-world countries	depression, and anxiety, others may not. Several groups of researchers concluded that refugee children are actually a high functioning group. Many coping and protective factors as well as risk factors for poor outcomes have been identified by the research."	performed during each primary care visit. Nurse practitioners have the unique opportunity to make a difference in the lives of refugee children because they play a pivotal role in the assessment, screening, and referral of children for mental health services."	techniques used in the research." (2) "The studies looked at refugees from all over the world who fled their homes for a number of different reasons and were subjected to a variety of stressors both in their native countries and on arrival to their host countries." (3) "Studies from five different host countries were included in this review, each of which has different policies regarding refugee admissions to their country" because of the wide variety of literature available to sort through
5 Flora, D., Nguyen, H., & Rawana, J. (2011). Risk and Protective Predictors of Trajectories of Depressive Symptoms Among Adolescents from Immigrant	>>Background of Problem: There are many studies that explore depression among adolescents with immigrant backgrounds, and because there are mixed reviews of both positive and negative outcomes, researchers need to look deeper into the	>>Purpose: "To explore how underlying predictors contribute to trajectories of depressive symptoms among adolescents from immigrant backgrounds." >>Study Design: Longitudinal	>>Studied/Sample: Both foreign-born children as well as children of immigrants (Ages 12-23) 1,060 participants >>How: -Survey's -Hypothesized predictors were organized into two	>>"Depressive symptoms among adolescents from immigrant families followed a quadratic trajectory, on average, with an early increase until mid-adolescence and then a decrease through early adulthood."	>>Not only minimizes risks but focus on prevention initiatives that promote universal protective factors of adolescent mental health"	**CANADA NOT U.S. (1) Longitudinal data provides for missing data and data that is "vulnerable to attrition over time" (2) Another limitation of the current study is its reliance on

Backgrounds. *Journal Of Youth & Adolescence*, *40*(11), 1544-1558. doi:10.1007/s10964-011-9636-8 (S) (MM) (LOC: 3)	*underlying* potential risks and protective factors of depressive symptoms in these individuals.	>>Research Variables: Immigrant variables (immigration generation status, white, language proficiency, birth country), AND outcome variables (depressive symptoms) AND developmental risk and protective variables (problematic parent-child conflict resolution, family dysfunction, self-esteem, optimism, positive peer relationships, parental cohesion >>Research Questions: what are the "predictive effects of developmental risk and protective factors on the longitudinal trajectories of depressive symptoms among youth from immigrant backgrounds in Canada."	models (family/parent dysfunction and immigrant experience in short) -They used full and computed scales (Statistics Canada) provided in the NLSCY (the National Longitudinal Survey of Children and Youth); Measured depression using various Likert scales >>Tools/Framework: A developmental psychopathology framework (which "regards depression as a continuous phenomenon that occurs through childhood/adolescence"; and is 'aligned' with current, emerging research regarding Canadian adolescents from immigrant backgrounds.			measures that may not have adequate reliability and validity with diverse cultural groups, such as the prob-lematic parent/child conflict resolution scale that had low to moderate internal consistency in the current sample (3) The language barrier (mainly between French and English) affected trajectories of depression symptoms
6 Gordon, R. D., Taylor, R., &	>>Background of Problem: Estimated	>>Purpose: "To present an	>>Studied/Sample: >>How: "We	>> "An effective way to deal with this	>>"Psychoeducational workshops, as an	>>This intervention was addressed for a

Sarkisian, G. V. (2010). Practive: Psychosocial support, training and services: Psychoeducational workshops as a practical tool to facilitate resettlement with Iraqi refugees and anchor relatives. *Journal Of Muslim Mental Health*, *5*(1), 82-98. doi:10.1080/15564901003605628 (P) (QUAL) (LOC: 7)	over 2 million refugees in other countries since U.S. invaded Iraq (12,118 in U.S. between time of invasion to 2009). "Iraqi refugees are at risk for distress due to circumstances in their home country as well as circumstances they face on entry into the United States. >> "There is an increasing need for resettlement organizations to make better use of existing resources to successfully settle Iraqi refugees in the United States while also maintaining compliance with U.S. State Department regulations."	intervention, consisting of three psychoeducational workshops, to facilitate resettlement among Iraqi refugees, their anchor relatives, and resettlement organizations in the United States." >>Study Design: Research-based Study (Intervention was created based off research but not implemented.) "The resettlement agency is able to evaluate the efficacy of the psycho-educational workshops by measuring the extent to which refugees and anchor relatives accomplish the goals of their resettlement plan", administering a questionnaire, and evaluating compliance with State Department regulations per case. >>Research Variables: Population: Iraqi refugee's resettled in U.S.	designed the interventions" so that through agency's support refugees can stay connected to a larger community and promote self-sufficiency. "The [three] psycho-educational workshops are delivered by a facilitator who is culturally competent, bilingual, and trained in State Department protocol for refugee resettlement." >>Tools/Framework: Ecological model (social ecological and empowerment theories) "We chose empowerment theory to guide us both in the collaborative assessment of the agency identified problem and in the development of the intervention." ("Organizational empowerment as well as individual empowerment") Evaluation: "The	challenge is for agencies to adopt an ecological perspective. By targeting the individual, family, and organizational levels, and through organizational adaptation, resettlement agencies can adjust their practices to better promote the well-being of the Iraqi refugees they serve."	intervention, provide agencies with a viable way to address many of the challenges to resettling Iraqi refugees in the United States through an empowerment-centered framework."	specific resettlement agency (they stated it could be generalized and used other places, but gave no further direction for other implications). >> "…The intervention has not yet been delivered and, therefore, this is a research-based description to inform the practices of resettlement agencies." >>Article states "there has been little research to evaluate trauma associated with the resettlement process…" and seem to base intervention (social support) off that statement. Is that enough for an effective article?

		(Independent) Psychoeducational workshops >>Research Questions: what?	Hopkins Symptom Checklist can also be used to measure psychological distress levels in the refugees."			
7 Haslam, N., and Porter, M. (2005). Predisplacement and Post-displacement Factors Associated With Mental Health of Refugees and Internally Displaced Persons: A Meta-analysis. *JAMA.* 294(5):602-612. doi:10.1001/jama.294.5.602. (S) (QUAL) (LOC: 1)	>>Background of Problem: "The global refugee crisis requires that researchers, policymakers, and clinicians comprehend the magnitude of the psychological consequences of forced displacement and the factors that moderate them. To date, no empirical synthesis of research on these issues has been undertaken."	>>Purpose: "To meta-analytically establish the extent of compromised mental health among refugees (including internally displaced persons, asylum seekers, and stateless persons) using a worldwide study sample. Potential moderators of mental health outcomes were examined, including enduring contextual variables (eg. post displacement accommodation and economic opportunity) and refugee characteristics." >>Study Design: Meta-Analysis >>Research Variables: (Independent) Pre-displacement and post-displacement factors, (Dependent) Mental Health of refugees and	>>Studied/Sample: "Data Sources Published studies (1959-2002)were obtained using broad searches of computerized databases (PsycINFO and PILOTS), manual searches of reference lists, and interviews with prominent authors. Study Selection Studies were selected if they investigated a refugee group and at least 1 non-refugee comparison group and reported 1 or more quantitative group comparison on measures of psychopathology. Fifty-six reports met inclusion criteria (4.4% of identified reports), yielding 59 independent comparisons and including 67 294 participants (22 221	>> "Effect size estimates for the refugee/non-refugee comparisons were averaged across psychopathology measures within studies and weighted by sample size. The weighted mean effect size was 0.41 (SD, 0.02; range, −1.36 to 2.91 [SE, 0.01]), indicating that refugees had moderately poorer outcomes. Post displacement conditions moderated mental health outcomes. Worse outcomes were observed for refugees living in institutional accommodation, experiencing restricted economic opportunity, displaced internally within their own country, repatriated to a country they	>> "The sociopolitical context of the refugee experience is associated with refugee mental health. Humanitarian efforts that improve these conditions are likely to have positive impacts."	

		internally displaced persons >>Research Questions: Does the "type of accommodation (examined in view of the evidence) that long-term institutional housing promotes dependency and demoralization? And are post displacement economic opportunities associated with better refugee outcomes"?	refugees and 45 073 non-refugees)." >>How: Data on study/report characteristics/statistical outcomes extracted by using a coding manual (and subjected to blind recoding); methodological quality info was coded to assess potential sources of bias. >>Tools/Framework:	had previously fled, or whose initiating conflict was unresolved. Refugees who were older, more educated, and female and who had higher pre-displacement socioeconomic status and rural residence also had worse outcomes. Methodological differences between studies affected effect sizes.		
8 Bentley, J. A., Boynton, L. D., Stewart, D. G., & Thoburn, J. W. (2012). Post-migration stress as a moderator between traumatic exposure and self-reported mental health symptoms in a sample of Somali refugees. *Journal Of Loss And Trauma*, *17*(5), 452-469. doi:10.1080/153	>>Background of Problem: Somalia has been in a state of sociopolitical distress since 1991…The UNHCR estimated: 132,000 Somalis sought refuge in the international community (2009), while an additional 300,000 were newly displaced within Somalia's borders. Somali refugees distinctively have been exposed to an increased number of traumatic life events compared to	>>Purpose: "To investigate the potentially moderating influence of post-migration psychosocial stressors on the relationship between pre-migration traumatic exposure and self-reported symptoms of psychological and somatic functioning." >>Study Design: Mixed-Methods (descriptive	>>Studied/Sample: 74 participants (mean age: 39, mean length in U.S.: 9 yrs.) >>How: Subjects recruited from events held in small Somali community of Seattle. Data collected by principal investigator and Somali research assistants at 2 community events. Questionnaire (translated) >>Tools/Framework	>> "Results suggest that post-migration psychosocial stressors exacerbate depressive symptoms (DR21⁄4.068, p1⁄4.017) for those exposed to low levels of trauma relative to other posttraumatic psychological or somatic difficulties. No moderated effect was found for symptoms of posttraumatic stress disorder, anxiety, or	>> "This study suggests that differential assessment of mood disturbance should likely occur throughout the physical and mental health care of Somalis… suggested that clinicians spend additional time discussing family considerations, community bonds, living conditions, and economic situations with	>> (1) Challenges of the representa-tiveness of recruited sample (specialized population as a concern for the studies statistical power), sample was also community based which "may have failed to recruit Somalis who are symptomatic but not well enough integrated into the local community by virtue of their symptoms or other

25024.2012.665008 (P) (MM) (LOC: 2)	other refugee groups. "Existing literature examining Somali mental health has found high comorbidity rates among posttraumatic stress disorder (PTSD), depression, and anxiety."	statistics and moderate analysis) >>Research Variables: (Independent) Traumatization and Post-Migration Stress, (Dependent) Somali Refugees mental health outcomes >>Research Questions: (1) Will post-migration living difficulties "moderate the relationship between traumatic exposure and symptoms of depression, anxiety, and somatic dysfunction?" (2) Specifically, will "the relationship between traumatic exposure and self-reported symptoms be stronger for individuals who endorsed high levels of post-migration stress than for individuals who endorsed lower levels of post-migration stress"?	: (For power analysis) G*Power Software, Trauma Events Scale of the Harvard Trauma Questionnaire–Revised (HTQ-R) with small modifications, 25-item Hopkins Symptom Checklist, 12-item Somatization subscale of the Symptom Checklist-90, The Post-Migration Living Difficulties checklist	somatic complaints." "Overall, this research reinforces previous findings indicating that Somali refugees are at risk for having experienced a great depth of trauma and that traumatic exposure is predictive of psychological and somatic symptoms."	Somalis."	factors to participate in such social activities." (2) "The use of self-report measures as indices of psychological symptomatology… retrospective reports of traumatic experiences may present risk of recall bias." (3) "Information about the psychometric properties of the Somali- adapted measures used in this study is limited."
9 Anastario, Michael, Larrance, Ryan,	>>Background of Problem: Problems occurring from	>>Purpose: "IMC undertook the study to inform recovery	>>Studied/Sample: "366 people (adults) displaced in 21	>> "The harsh reality is that IDPs in FEMA travel	>> "Individuals with concomitant MDD and PTSD	>> (1) Results cannot be generalized to entire

and Lawry, Lynn. (2007). Health Status Among Internally Displaced Persons in Louisiana and Mississippi Travel Trailer Parks. *Annals of Emergency Medicine.* (Vol. 49, Issue 5, Pages 590-601.e12, DOI: 10.1016/j.annemergmed.2006.12.004). (P) (MM) (LOC: 3)??	hurricane Katrina (2005) within LO and MI (specifically Travel Trailer Parks) "Basic needs and uncovered gaps in humanitarian aid services" were identified from (Quali&Quant) research that established evidenced-based recommendations. Findings also revealed: "50% of respondents met criteria for Major Depressive Disorder, more than seven times the U.S. national rate…Since displacement, reported suicides/suicide attempts were roughly 15 times the state's baseline suicide rates and 79 times the baseline attempt rates." "At the time of the study (May 2006), there were more than 2.5 million internally displaced persons nationwide; 62% in Louisiana and Mississippi with Louisiana hosting nearly 42% of the IDP population, and Mississippi, 20%. In	efforts for IDPs living in FEMA travel trailer parks in Louisiana and Mississippi, by using a global humanitarian aid perspective to assess health status (especially women's health and mental health needs), basic needs, and opinions." >>Study Design: Systematic random sampling (Longitudinal) >>Research Variables: (Independent) Internally Displaced Persons in LO & MI Travel Trailer Parks, (Dependent) Health Status >>Research Questions: ??	parishes in Louisiana and nine counties in Mississippi" >>How: Survey (Reviewed and Pilot tested) and Interviews (conducted during an eight-week period in April and May 2006. They were about 25 min and in privacy.) "Major Depressive Disorder (MDD) was assessed using the Patient Health Questionnaire (PHQ-9)" >>Tools/Framework: ethics reviewed and approved 134-question survey, Data collection by STATA 7 statistical software	trailer parks are facing the same problems that IDPs from Sri Lanka, Pakistan, and Uganda are facing. This similarity dictates that programming be formulated using similar principals and guidelines. Elevated levels of violence, mental health disorders, poor temporary shelters, and limited access to essential health and food services are all problems IDPs in the U.S. Gulf Coast share with IDPs worldwide." >> "The findings of the study indicate that humanitarian aid has relieved a significant burden of the displaced population's basic needs—including food, water, and temporary shelter—but that serious gaps persist." "Provision of basic needs including movement out of temporary housing, improved	show more severe symptoms and lower functioning than those with either disorder alone, suggesting that recovery may be arduous without treatment." >> "Therefore an extensive mental health outreach program must be offered. Specifically, trained counselors should be dispatched to FEMA travel trailer parks to actively engage the IDP community and make group and individual counseling available for anyone who would like to participate." (Includes suggestions for mental health services.)	effected area based on population representation. (2) Cross-sectional limitations that forced them to rely on additional data. (3) Some bias may exist based on lower response rate (reflecting specific fear and distrust).

	Mississippi, approximately 99,000 people were living in travel trailers and mobile homes while in Louisiana an estimated 48,400 people were temporarily housed in trailers and mobile homes."			security and healthcare, as well as counseling and psychosocial support, has also been shown to improve psychosocial wellbeing in IDP settings."		
10 Husain, A., Ross-Sheriff, F., & Tirmazi, M. (2010). Guest editors' introduction: Mental health of Muslim refugees and forced migrants: Practice, theory, and research. *Journal Of Muslim Mental Health*, *5*(1), 3-7. doi:10.1080/15564901003643231 (S) (QUAL) (LOC: 1)?? (SR of only 7 articles and not clear clinical recommendations) USE????????	>>Background of Problem: The "study focuses on the Rohingya refugees, an ethnic Muslim minority from Myanmar, who reside in southern Bangladesh in a protracted refugee situation. Their basic needs are increasingly being unmet because humanitarian relief is decreasing over time. The refugees are seeking opportunities to generate income to meet their families' basic needs. Although they do not have a legal right to work, nearly every refugee household in the Bangladesh study was engaged in multiple wage-earning employments."	>>Purpose: To review literature focusing on research, theory, and practice for struggling Muslim refugees. >>Study Design: Qualitative analysis>>ARE YOU SURE? >>Research Variables: (Dependent) mental health (Independent) ASPECTS OF Muslim SPIRITUAL TRADITIONS >>Research Questions: How do "aspects of Islam and Muslim peoples' spiritual traditions enable them or effect coping with the mental health problems of	>>Studied/Sample: Muslim refugee population >>How: Research from "seven articles providing scholarship on research, theory, and practice…includes research from Afghanistan, Bangladesh, Iraq, Jordan, Lebanon, Myanmar, Sudan, Canada, and the United States." >>Tools/Framework: Used in one article that was reviewed: Backlash Trauma Scale (BTS) (by adapting the Race Related Stressor Scale (RRSS)),	>> "Given the protracted nature of the armed conflicts that have led to the uprooting of the refugees and forced migrants presented in the studies in this special issue, there seems to be no immediate end in sight."	>> "Perhaps, there is only hope for the alleviation of the mental health and psychosocial challenges facing them."	>> Studies are not pulled together to provide true evidence-based recommendations (only review of literature) (This seems to be an 'introduction article' for more studies to come.

		displacement?" ??				
11 Guerrero, A., & Tinkler, T. (2010). Refugee and Displaced Youth Negotiating Imagined and Lived Identities in a Photography-Based Educational Project in the United States and Colombia. *Anthropology & Education Quarterly*, *41*(1), 55-74. (P) (QUAL) (LOC: 3)	>>Background of Problem: "42 million refugees and other IDPs worldwide (80% women and children). "Children's voices are rarely heard." "Victimhood" has shown to be prevalent "in both the psychological literature and among the humanitarian aid agencies that serve displaced communities."	>>Purpose: "to shed light on the experiences of displaced youth." "We have chosen to focus on the inconsistencies in the young people's experiences and interpretations as a way to represent the multiplicity of voices for refugees and IDPs." >>Study Design: QUALITATIVE AND Longitudinal >>Research POPULATION: children refugees in San Diego and Bogota, Columbia (Independent) Educational Interventions: photography and narrative >>Research Questions: "How do refugee and internally displaced youth in two distinct international contexts interpret their political and social identities to make sense of	>>Studied/Sample: To groups in Photo Project: ages 12-18 who arrived as refugees 2 yrs. ago from Afghanistan, Iraq, Somalia, and Colombia and lived in San Diego, California; and ages 10-18 that were living in Bogotá and had been displaced from rural areas by the armed conflict in Colombia. Each site there were 50-60 young people involved >>How: collected through ethnographic methods over 1 year by 2 researchers. "The data were collected at three informal education programs supported by Photo Project. Photo Project is a nonprofit organization whose mission is to support displaced populations through multimedia education." >>Tools/Framework	>> "The findings point to the ways in which displaced youth navigate both myths and realities to make meaning of their past, present, and future."…And the "identity pathways" they chose. >> "Despite the young people in this study's undeniable experiences of injustice and trauma, they did not identify themselves as victims. The youth instead saw themselves as capable actors in their world."	>> "There must be a shift away from ascribing identities based on an institutional classification of displacement."	>> Bias?? >> Should they have described a more solid framework of how they collected their qualitative data?

		themselves and their "lived experience" through their participation in a photography-based educational project?"	: The "study takes researcher reflexivity as central to the analysis of the participants' meanings." "Data analysis borrowed from Burawoy's (1991) extended case method approach."			
12 Betancourt, Theresa S., Birman, D., Ellis, H., Kim, S., Layne, C. M., Newnham, E. A., & Steinberg, A. M. (2012a). Trauma history and psychopathology in war-affected refugee children referred for trauma-related mental health services in the United States. *Journal Of Traumatic Stress*, *25*(6), 682-690. doi:10.1002/jts.21749 (P) (MM) (LOC: 2)	>>Background of Problem: "There is an increasing need to deliver effective mental health services to refugee children and adolescents across the United States; however, the evidence base needed to guide the design and delivery of services is nascent." "Studies of refugee youth consistently report high levels of exposure to war-related trauma and profound adverse consequences of these experiences for children's mental health, including behavior problems, mood and anxiety disorders, posttraumatic stress disorder (PTSD), and a range of other adjustment difficulties."	>>Purpose: "To investigate the trauma history profiles, psychopathology, and associated behavioral and functional indicators among war-affected refugee children presenting for psychological treatment." >>Study Design: LOOKS LIKE DESCRIPTIVE >>Research Variables: Trauma history profiles, psychopathology, and associated behavioral and functional indicators, POPULATION War-affected refugee children presenting for psychological	>>Studied/Sample: 60 war-affected refugee children were identified (51.7% males, mean age = 13.1 years, *SD* = 4.13) >>How: >>Tools/Framework: National Child Traumatic Stress Network's Core Data Set, The Core Data Set (CDS) (2004). "All regulatory procedures and guidelines for this initiative were in compliance with the Duke Institutional Review Board (IRB). All centers obtained their own IRB approval and completed a data use agreement with DCRI."	>> "Clinical assessments indicated high rates of probable posttraumatic stress disorder (30.4%), generalized anxiety (26.8%), somatization (26.8%), traumatic grief (21.4%), and general behavioral problems (21.4%). Exposure to war or political violence frequently co-occurred with forced displacement; traumatic loss; bereavement or separation; exposure to community violence; and exposure to domestic violence. Academic problems and behavioral difficulties were prevalent (53.6%	>> "Given the difficulties associated with access to mental health services for refugees, both preventive and community-based interventions within family, school, and peer systems hold particular promise." >>Clinicians should be prepared to work with these diverse groups that have trauma exposure. "Such skills should include possessing the capacity to assess and effectively respond to a diverse range of exposures to abuse, neglect, and community violence post resettlement, in addition to high levels of war-related	>> (1) Small Subgroup size: problems with the wording of items in the intake survey created difficulty when defining population under study, data may be limited to refugees who spoke sufficient English/Spanish or who had access to interpreter (because NCTSN measures were not routinely available in other languages) (2) "This study also did not address a number of risk and protective factors that may be important for understanding adjustment for young war-affected refugees." (3) "The assessment

		treatment >>Research Questions: How "trauma histories and mental health profiles of refugee children and adolescents can shed much-needed light on the service needs of this understudied, underserved, and highly diverse population."		and 44.6%, respectively); however, criminal activity, alcohol/drug use, and self-harm were rare (all < 5.45%). These findings highlight the complex trauma profiles, comorbid conditions, and functional problems that are important to consider in providing mental health interventions for refugee children and adolescents."	violence."	of comorbid conditions was based on clinical interview rather than standardized diagnostic interviews."
13 Davidson, G. R., Murray, K. E., & Schweitzer, R. D. (2010). Review of refugee mental health interventions following resettlement: Best practices and recommendations. *American Journal Of Orthopsychiatry*, *80*(4), 576-585. doi:10.1111/j.1939-0025.2010.01062	>>Background of Problem: "There are increasing numbers of refugees worldwide, with approximately 16 million refugees in 2007 and over 2.5 million refugees resettled in the United States since the start of its humanitarian program. Psychologists and other health professionals who deliver mental health services for individuals from refugee backgrounds need to have confidence that the therapeutic	>>Purpose: "To briefly survey refugee research, examine empirical evaluations of therapeutic interventions in resettlement contexts, and provide recommendations for best practices and future directions in resettlement countries." >>Study Design: Review of Literature >>Research Variables: (Independent) Mental Health	>>Studied/Sample: 22 studies ("10 child, 3 family, and 9 adult treatment evaluations published between 1993 and 2008." >>How: "Review is based on a search of intervention studies abstracted in PsychLit and PubMed over the last 20 years (a) involving refugees that (b) were empirically evaluated, (c) contained a minimum of 10	>> "The resettlement interventions found to be most effective typically target culturally homogeneous client samples and demonstrate moderate to large outcome effects on aspects of traumatic stress and anxiety reduction. Further evaluations of the array of psychotherapeutic, psychosocial, pharmacological, and other therapeutic	>> "There is a need for increased awareness, training and funding to implement longitudinal interventions that work collaboratively with clients from refugee backgrounds through the stages of resettlement."	>> (1) "Methodological limitations associated with the large majority of the intervention studies and, while the results suggest that interventions reliably reduced refugee clients' symptoms of traumatic and migration stress, the results themselves do not provide a more detailed understanding of the mechanisms contributing to symptom

.x (S) (QUAL) (LOC: 1)	interventions they employ are appropriate and effective for the clients with whom they work."	Interventions following Resettlement, POPULATION Refugees (see criteria) >>Research Questions: According to current evidence-based research, what are the most effective mental health interventions for refugees after resettlement?	participants, and (d) were conducted in resettlement countries. >>Tools/Framework: "The studies employed a wide variety of treatment methods: Cognitive Behavior Therapy (CBT); Eye-Movement Desensitization and Reprocessing (EMDR); pharmacotherapy; expressive, exposure, and testimonial therapies; and multi-family and empowerment mutual learning groups; and individualized therapy based on supportive, psychoanalytical orientations."	approaches, including psycho-educational and community-based interventions that facilitate personal and community growth and change, are encouraged."		reduction." (2) Within studies employing CBT techniques, findings are limited to specific groups. (3) Some interventions (within 3 of the studies) suggest possibility for group-specific bias. (4) "The capacity to conduct gold standard empirical evaluations of interventions" based off of challenges in conducting research. (5) "This review acknowledges that a very small percentage (less than 1%) of all persons of concern to the UNHCR (2007; 2008)." (6) "Targeted focus on resettlement may be enriched by related research with internally displaced persons and those who have fled to countries of first asylum."
14 Weine, Stevan, M.D. (2008). Family Roles in Refugee	>>Background of Problem: "The families of refugee youth in resettlement bear both	>>Purpose: "To identify family strengths and resources that can	>>Studied/Sample: Literature regarding family-focused prevention	>> "The findings indicated that families that engaged in a	>>"Overall, we have found that a family prevention program requires	>> The Level of Evidence (Perspectives?) >> The point of

Youth Resettlement from a Prevention Perspective**.** *Child and Adolescent Psychiatric Clinics of North America*. 17(3). 515-532. DOI: 10.1016/j.chc.2008.02.006). (S) (QUAL) (LOC: 7)	strains and strengths that impact their children's adjustment and coping. Preventive interventions aimed at helping youth through helping their families should be developed. Given that many refugee youth struggle in school and may have inadequate involvement of their parents, one area in need of preventive intervention is parental involvement in refugee youths' education."	be enhanced through preventive interventions (as to better address strains upon the family and the risks posed to youths' functioning)." "To base prevention strategies on a systematic characterization of both the strains and the strengths of refugee families through ethnographic and qualitative research" >>Study Design: Review of Literature >>Research Variables: (ID) FAMILY FOCUSED INTERVENTIONS POPULATION Youth Refugee within Resettlement >>Research Questions: THIS LOOKS LIKE A DESCRIPTION OF OUTCOMES, RIGHT?	interventions for refugee youth population within resettlement. >>How: Literature found through ethnographic and qualitative research. Also, "their prior research with Bosnian refugees" >>Tools/Framework: ??	multiple-family support and education group had experienced significantly more transitions, more traumas, and more difficulties in adjustment than those who did not engage. Engagement was also related to family member's perceptions about strategies for responding to adversities. Families that engaged had concerns about traumatic memories that persisted despite their avoidant behaviors. However, they were more concerned about keeping the family together, supporting their children, and rebuilding their social life."	spending at least as much effort in engaging families as it does in conducting the intervention itself. The first step in engagement is understanding the primary concerns of the parents and the youth." "It suggested that the strategies for engaging refugee families in multiple-family groups should correspond to the particular ways that the targeted families manage transitions, traumas, and adjustment difficulties."	view the article comes from (First Person). >> It is not clear as to where all evidence/research was conducted or the methods that were used.
15 Klebic, Alma, B.A., Ware, Norma, Ph.D., and Weine, Stevan M., M.D.	>>Background of Problem: "Of 22 million refugees and 20 million internally displaced persons	>>Purpose: "To identify the processes by which teen refugees adapt and apply cultural	>>Studied/Sample: "Bosnian participants in schools, community sites, service	>>"Nine mechanisms of converting cultural capital were identified, labeled,	>>"Ethnography is an important methodological tool in mental health services research,	>> No limitations were clearly defined. >> ??

(2004). Converting Cultural Capital Among Teen Refugees and Their Families From Bosnia-Herzegovina. *Psychiatric Services.* 55(8). 923-927. (S) (QUAL) (LOC: 3)	worldwide, it is estimated that half are youths." "Too little is known about how refugees cope with trauma. Even less is known about teen refugees."	capital in conditions of refuge in order to develop preventive interventions for refugee youths." >>Study Design: Multisite ethnographic, longitudinal >Research Questions: HOW DO TEEN REFUGEES ADAPT AND APPLY CULTURAL CAPITAL?	organizations, and households as well as in- depth interviews with a subsample of 30 Bosnian adolescents and their families" (in Chicago). >>How: Observation and in-depth interviews "Field notes and interview data were subjected to thematic analysis." >>Tools/Framework: An American psychiatrist and a Bosnian field-worker as part of a multidisciplinary, collaborative services research team (for data collection).	and defined in emic terms: using our language, obliging family, sticking together, returning to religion, going ghetto, building a future, taking pride in tradition, critiquing America, and seeking freedom. These mechanisms represent cultural strategies by which teen refugees attempt to manage enormous historical, social, cultural, economic, familial, and psychological changes associated with refugee trauma."	and the concept of converting cultural capital is useful in designing preventive interventions for teen refugees and their families."	
16 Betancourt, Theresa, Buka, S., Dunn, G., Earls, F., Leaning, J., & Salhi, C., (2012b). Connectedness, social support and internalising emotional and behavioural problems in adolescents displaced by the	>>Background of Problem: "Recent research on Chechen adults affected by the war has pointed to a number of deleterious mental health consequences for the general civilian population…No published research, though, examines the mental health of children and adolescents affected by	>>Purpose: "To extend previous work on the role of social support and connectedness in the mental health of children facing adversity." >>Study Design: Review of Literature >>Research Variables: (Dependent) Mental Health of youth with war-related stressors	>>Studied/Sample: 183 Chechen adolescents (11–18 years) living in IDP camps >>How: Research through Review of Literature ("Chose to focus on internalizing emotional and behavioral problems to the exclusion of externalizing problems such as	>> Findings explain "family connectedness had an enduring protective function in relationship to internalizing mental health problems, particularly in young men."	>> "Further research is needed to deepen our understanding of how protective processes operate in relation to other war-related exposures, gender, mental health outcomes, and in other settings. It is only through such systematic exploration of	>> (1) Sample size (analyses stratified by gender) (2) There was limited access for carrying out study due to insecurity in a region where aid workers have been directly targeted with violence; were also unable to collect parent assessments/caregiver reports of child

Chechen conflict. *Disasters*, *36*(4), 635-655. doi:10.1111/j.1467-7717.2012.01280.x (S) (QUAL) (LOC: 1)	these wars. Given that most Chechen teenagers lived through at least two periods of conflict and instability, the well being and adjustment of war-affected adolescents is of particular concern. Moreover, little is known about what factors might contribute to more resilient outcomes among this young generation."	and (Independent) social resources as a protective role >>Research Questions: Do "general social support and connectedness at the family, peer and community level demonstrate an inverse relationship with internalizing mental health problems (anxiety/ depression, emotional withdrawal, and somatic complaints)"? Are those specific relationships independent of war-related stressors due to fear and insecurity? Are the effects of social support and connectedness stronger among girls or boys? (*Three goals of data analysis were described.)	aggression given the extensive literature indicating a relationship between internalizing problems and protective factors such as social support and connectedness") >>Tools/Framework: the YSR, the school connectedness scale developed by Resnick et al. (1997), and a demographic inventory		protective processes that responses can be improved to address the mental health needs of children and families affected by armed conflict."	functioning.
17 Daud, Atia, Klinteberg, Britt af, and Rydelius, Per-Anders. (2008).	>>Background of Problem: "Children in families that have suffered trauma constitute a risk group	>>Purpose: "To explore resilience among refugee children whose parents had been	>>Studied/Sample: 80 refugee children (40 boys and 40 girls, age range 6–17 yrs.) (Parents	>> "Children without PTSD/PTSS in the traumatized parents group had more favorable	>> "The findings of this study are useful for treatment design in a holistic perspective,	>> (1) Language barriers regarding some instruments that were used. (2) "The selection

Resilience and vulnerability among refugee children of traumatized and non-traumatized parents. *Child and Adolescent Psychiatry and Mental Health*. doi:10.1186/1753-2000-2-7 (P) (MM) (LOC: 2)	for developing psychiatric illness, dysfunctional behavior and inadequate academic achievement. Child maladaptive stress syndrome has been shown to be associated with parental psychiatric illness."	traumatized and were suffering from Post-Traumatic Stress Disorder (PTSD)." >>Study Design: Quantitative Correlational Study (Relationships?), >>Research Variables: Resiliency among refugee children (who do not have PTSD symptoms) who have parents with a history of PTSD vs. Resiliency among refugee children (who do not have PTSD symptoms) who do not have parents with a history of PTSD >>Research Questions: (1) Are <u>self-esteem,</u> including prosocial behavior, psychological wellbeing, and IQ factors that facilitated resilience? (2) Are adequate relations to family (measured by ITIA) a protective factor? (3) Will resilient children in	who were tortured in a specified country) >>How: Children were examined (concerning self-esteem and IQ as main factors that may influence resilience) using 5 specific tools >>Tools/Framework: DSM-IV criteria, "Wechsler Intelligence Scale for Children, 3rd edn. (WISC-III), Diagnostic Interview for Children and Adolescents-Revised (DICA-R), Post-Traumatic Stress Symptoms checklist (PTSS), "I Think I am" (ITIA) and Strengths and Difficulties Questionnaire (SDQ) were used to assess IQ; PTSD-related symptoms; self-esteem; possible resilience and vulnerability"	values (ITIA and SDQ) with respect to *total scores*, *emotionality*, *relation to family*, *peer relations* and *prosocial behavior* than the children in the same group with PTSD/PTSS and these values were similar to those the children in the comparison group (the non-traumatized parents group). The children in the non-traumatized parents group scored significantly higher on the IQ test than the children with traumatized parents, both the children with PTSD-related symptoms and those without PTSD-related symptoms."	especially in planning the treatment for refugee children, adolescents and their families."	procedure including siblings has reduced the possibility to use advanced statistical methods. Nor were the results of the study as conclusive as could be desired. PTSD assessment is a controversial issue, especially with respect to children without a self-experienced traumatic event in their life." (3) Some communication barrier, due to design of study (might have received better reactions from parents with a longitudinal design or repeated measuring at different baselines.)

		the traumatized parents group (i.e. children without PTSD-related symptoms) have higher scores on the SDQ?				
18 Ellis, B. Heidi, & Kia-Keating, Maryam. (2007). Belonging and Connection to School in Resettlement: Young Refugees, School Belonging, and Psychosocial Adjustment *Clinical Child Psychology and Psychiatry*. 12(29). DOI: 10.1177/1359104507071052 (S) (QUAL) (LOC: 2)	>>Background of Problem: "Schools are one of the first and most influential service systems for young refugees. There is a burgeoning interest in developing school-based refugee mental health services, in part to reduce stigma and increase treatment access for this population. Despite the relevance of gaining a better understanding of how refugee students experience schools in resettlement and how this relates to psychosocial adjustment, belonging and connection to school have not been previously investigated among a population of resettled refugees."	>>Purpose: "To assess the relationship between adolescent refugee exposure to adversities and mental health by testing main effects and buffering models using sense of school belonging as a moderator variable." >>Study Design: Descriptive and Quantitative >>Research Variables: exposure to adversities, mental health. Population: Somali Adolescents. Sense of School belonging and connection >>Research Questions: (1) Would "exposure to adversities be associated with increased levels of PTSD and depression	>>Studied/Sample: 76 Somali adolescents ages 12–19, resettled in greater Boston, Massachusetts or Portland, Maine >>How: Interviews: a medical setting, a Somali community center, or in the participant's home. Techniques to get sample included spreading public info and snowball sampling strategies. >>Tools/Framework: War Trauma Screening Scale (WTSS), Psychological Sense of School Membership (PSSM), UCLA PTSD Index for DSM-IV (PTSD-I), Depression Self-rating Scale (DSRS), Multidimensional	>> "A greater sense of school belonging was associated with lower depression and higher self-efficacy, regardless of the level of past exposure to adversities. Notably, more than one-quarter of the variation in self-efficacy was explained uniquely by a sense of school belonging. School belonging was not significantly associated with posttraumatic stress symptom severity and did not moderate the effect of exposure to adversities on psychological adjustment."	>> "The findings from this study associating sense of school belonging with depression and self-efficacy levels suggest that this is an important area for future research in understanding young refugees' adjustment."	>> (1) The generalizability of the study? (It would be more useful to "examine the relationships between exposure to adversities, psychological adjustment, and protective factors for refugee populations resettled in other geographic areas, with larger samples, and with refugees who originated from a variety of countries") (2) Longitudinal studies are needed to examine the impact of protective factors on psychological adjustment over time, as well as to account for possible differences in the phases that may occur after

		symptoms and lower levels of self-efficacy among Somali adolescent refugees?" (2) Would the "sense of school membership be associated with lower levels of PTSD and depression symptoms and higher levels of self-efficacy?" (3) Would the "sense of school membership buffer a refugee adolescent's mental health from the negative effects of exposure to adversities (i.e. serve a moderating role)?"	Scales of Perceived Self-efficacy (MSPSE), Statistical analyses were performed using SPSS 11.0, and Hierarchical regression analyses.			resettlement (3) "Info regarding the social structure and climate of the different schools would allow for testing of the possible impact of specific school environments on an individual's sense of belonging and adjustment."
19 Cookston, Jeffrey T., Juang, Linda P., & Syed, Moin. (2012) Acculturation-based and everyday parent–adolescent conflict among Chinese American adolescents: Longitudinal	>>Background of Problem: "Conflict within the family has been identified as a major contributor to a variety of problems for Asian-heritage adolescents of immigrant families, including low self-esteem, anxiety, somatization, and depression." "Although parent–	>>Purpose: "To examine 2 types of conflict for Chinese American families that have not been integrated in previous literature: everyday conflict and acculturation-based conflict." >>Study Design: 3-wave longitudinal study >>Research	>>Studied/Sample: 316 Chinese American adolescents (*M*=14.8 years, *SD*=.73 at Wave 1) >>How: Adolescents recruited parental consent form within high school (money incentive was also involved). Surveys in English	>> "The results showed that everyday and acculturation-based conflict are related and change in parallel over time. However, the 2 types of conflict are unique predictors of the 4 different indicators of psychological functioning. Results	>> "Taken together, the results highlight the importance of considering how the acculturation process contributes to parent–adolescent conflict regarding every- day issues and deeper cultural values."	>> (1) "Only used questionnaire data" (2) "Only used self-report data from adolescents; thus, the possibility of common method variance cannot be ruled out" (3) "Did not address how parent–adolescent conflict, under certain conditions, may relate

trajectories and implications for mental health. *Journal of Family Psychology.* 26(6). 916-926. doi:10.1037/a0030057 (S) (MM) (LOC: 2)	adolescent conflict has been widely studied, less is known regarding whether conflicts in particular domains (i.e., everyday vs. acculturation-based) differentially predict adjustment."	Variables: Acculturation based parent-adolescent conflict. Everyday parent-adolescent conflict. Adolescent adjustment. >>Research Questions: (a) the relation between everyday conflict and acculturation-based conflict, and (b) how everyday conflict and acculturation-based conflict are uniquely associated with adolescent adjustment.	and Chinese provided. >>Tools/Framework: The Asian American Family Conflicts Scale–Likelihood, Everyday conflict was assessed based on eight items of the Issues Checklist, Two subscales from the Brief Symptom Inventory were used to measure anxiety and somatization, The Revised UCLA Loneliness Questionnaire, a 10-item self-esteem measure, Center for Epidemiological Studies – Depression (CES-D)	also suggested that psychological functioning is a better predictor of trajectories of conflict than vice versa."		differentially to adolescent adjustment."
20 Durà-Vila, Glòria, Hodes, Matthew, Klasen, Henrika, Makatini, Zethu, and Rahimi, Zohreh. (2013). Mental health problems of young refugees: Duration of settlement, risk factors and community-based	>>Background of Problem: "Little is known about the characteristics of young psychologically-distressed refugees in mental health services, and how they vary according to the duration of settlement."	>>Purpose: "To investigate: (1) whether amongst young refugees seeking treatment the backgrounds and living situation differed according to the duration of settlement (2) to investigate the importance of duration of settle-ment on the level of psycho-logical distress and	>>Studied/Sample: 102 young refugees ("pilot study of the community-based child mental health service established in London for children and adolescents from asylum-seeking and refugee backgrounds") >>How: Through a community-based mental health service ("family	>> "The more recently-arrived refugees had significantly higher levels of close exposure to war and violence, were more likely to have suffered separation from immediate family and to have insecure legal status. Those refugees settled longer were significantly more likely to be referred	>> "In this project we showed that education and a voluntary service are helpful in identifying the mental health needs of young refugees. Teachers may play an important role in identifying psychological distress and impairment." >> "In areas with high refugee	>> "The collected data sets were not complete. Only basic information was available for those patients for whom our main intervention was consultation and liaison with the referrers. Background data was often disclosed over a number of consultations, first with professionals

interventions *Clin Child Psychol Psychiatry*. 18(4). 604-623. doi: 10.1177/1359104512462549. (P) (MM) (LOC: 2)		treatment uptake and progress (3) to investigate the outcomes of psychological interventions." >>Study Design: Descriptive, Longitudinal ("An account of the pilot study of the community-based child mental health service established in London for children and adolescents from asylum-seeking and refugee back-grounds has previously been. The current report examines the work undertaken by this community service over three years.") >>Research Variables: (Dep.) young refugees referred to a community-based mental health service, (Indep.) Intervention (Community-based mental health services) >>Research Q's?	therapists, child and adolescent psychiatric nurses, and a higher trainee in child psychiatry"). Clinical interviews (performed by practitioners). Descriptive statistics. >>Tools/Framework: Strengths and Difficulties Questionnaire (SDQ), data was analyzed using the Statistical Package for Social Sciences (SPSS 15.0, 2003)	because of conduct problems while there was a trend in recent arrivals to present with internalizing pathology. A comparison of the teachers and parents' mean SDQ scores of the study's young refugees sample and a national study representative of Great Britain as a whole showed that young refugees have higher scores in total problem and all subscales scores than the British scores. Community-based mental health services for young refugees appeared effective – significant improvement was found in SDQ scores for the sub-group (n = 24) who took up the treatments offered."	populations, CAMHS should consider building up links with education and voluntary services in order to create community-based services." >> "A pragmatic approach to working in schools is needed given the range of clinical problems, varied family support and involvement, and need to take into account the child's age and development." >> "A further task for community-based child mental health practitioners is to facilitate appropriate referral to tier-3 specialist CAMHS."	and then with the families. Furthermore, the population was highly mobile and sometimes families moved or stopped attending, so there was considerable sample loss. The study was weakened by the absence of a greater number of standardized instruments, and absence of independent investigator evaluation the interventions."